

MINNESOTA STATE DEPARTMENT OF HEALTH  
Division of Birth and Death Records and Vital Statistics

17000

84

Dist. No. 3722  
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 84

1 PLACE OF DEATH: STATE OF MINNESOTA  
County Waseca  
Township Woodville  
Village  
City  
No. St.  
(If hospital or institution give its NAME instead of St. and No.)  
Length of stay:  
In hospital or institution 32 yrs. 0 mos. 0 days  
In this community 32 yrs. 0 mos. 0 days

2 USUAL RESIDENCE OF DECEASED: (If an institution, give place of residence prior to admission)  
State Minn.  
County Waseca  
Township Woodville  
Village  
City  
No. St.  
Is residence within limits of city or incorporated village?

3 FULL NAME Louisa M. Erwin

4 (a) SOCIAL SECURITY No. 4 (b) IF VETERAN, Name WAR

5 SEX Female 6 COLOR OR RACE White 7 Single, Married, Widowed or Divorced (Write the word) Widowed  
8 (a) If Married, Widowed or Divorced, NAME OF HUSBAND OR WIFE Vinton Erwin 8 (b) AGE if alive Years

9 DATE OF BIRTH (month, day, year) Apr. 4 1863  
10 Age 84 Years 7 Months 26 Days IF LESS than 1 day, hrs. or min.

11 USUAL OCCUPATION House Work

12 INDUSTRY OR BUSINESS

13 BIRTHPLACE (City or Town) (State or Country) Minn.

14 NAME Carl Sandberg

15 BIRTHPLACE (City or Town) (State or Country) Sweden

16 MAIDEN NAME Not Known

17 BIRTHPLACE (City or Town) (State or Country) Not Known

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant's own Signature Mary L. Matz  
Address Waseca Minn. RFD

19 Buried at St. Peter Date Feb 3 1948  
or Removed to Minn. (Cremation No. 235)

20 Signature of Embalmer or Funeral Director: 1953  
Emb. Lic. No. 235  
F. D. Lic. No. 235  
Address Waseca Minn.

Firm Name Pfaff Home For Funerals

21 Date Received Feb 5 1948 Signature of Local Registrar Frank J. Wood

MEDICAL CERTIFICATION

22 DATE OF DEATH Jan. 30 1948 19

23 I HEREBY CERTIFY: That I attended deceased from 11/6 to Jan 30 1948  
I last saw him alive on Jan 29 1948  
To the best of my knowledge, death occurred on the date stated above, at 11/6 in 11/6 Duration 1 week

Immediate cause of death Pneumonia

Due to

Due to

Other conditions Senility  
(Include pregnancy within 3 months of death) Parkinson's disease

Major findings: Of operations

Of autopsy

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

25 Signature R. D. Dan M. D.  
Address Waseca Minn. Date 2/5/48

Amended pursuant to authority received and filed in the Minnesota State Department of Health on FEB 12 1948

6082-6-10-42-5M Bks. 37 11874

SANDBERG 1

STATE OF MINNESOTA)  
COUNTY OF HENNEPIN) SS

I hereby certify that the above is a true and correct copy of the official record on file with the Section of Vital Statistics Registration of the Minnesota State Board of Health.

Dated at Minneapolis

November 17, 1976

Deputy State Registrar  
Minnesota State Board of Health

Any alterations shown were made under the authority of Minnesota Statutes 1971, Section 144.172 and the regulations of the State Board of Health.

Signature of Sub-Registrar  
Bureau of removal permit issued  
1948